

No. Passive patient approval of actions initiated by the medical organization still recognize a subservient role for the patient. Further, the transmission of data in the prior art, even if later OKed by a patient, is initiated only if the needs of the organization require it. In the prior art, the patient cannot actively initiate a certain transmission for her own personal reasons, whatever they may be, as my invention allows.

Thus, Claim 33 is patentable. The other claims dependent on Claim 33 are patentable because of their dependency. The other claims are also patentable because they recite further limitations that on their own constitute patentable inventions.

For example, **Claims 35 and 36** recite "threshold event relates to monetary amounts owed" and "the interested entity is the patient". The Detailed Action further cites the Campbell patent. Campbell states that a "central wellness plan administrator analyzes billing information uploaded from the hospitals and creates the files necessary to obtain payments from a client's bank account or credit card. Specifically, it creates payment files and submits them electronically to the bank." 30:65. The Campbell patent merely addresses conventional business-to-business communications and fails to enable a more multi-dimensional notification systems allowing definition of threshold events by non-business entities, such as patients. Following conventional industry practice, Campbell, like the other cited patents, fails to recognize the needs of the patient and her right to determine for herself when she will be notified, not when the health care organization chooses it.

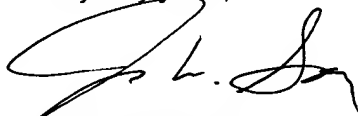
#### Substance of Interview

I understand that I should provide a summary of our last phone conference on November 12, 2003. Examiner Thomas, you, and I discussed Claims 21, 33, and 38. We primarily discussed the cited Gupta, Schoenberg, and Wilkins patents, and whether they could be combined to reject the discussed claims. In a sentence, the general thrust of my comments was that the prior art merely describes systems that are narrowly centered on health care provider (e.g., physician) needs in the confines of a care setting rather than patient needs in any context. I also observed that a detailed reading of the cited patents illustrated their rather inconsistent teachings and asked whether they could be said to teach or motivate their combination. We also discussed the Surwit patent and whether it covered my claimed invention. I appreciate your time spent in discussing these issues with me.

#### Conclusion

For the reasons mentioned in brief above, please allow my claims as presented.

Very truly yours,



James W. Soong

Date of Deposit: 1/16/04

I hereby certify that this is being deposited with the US Postal Service on the date indicated above, and directed to: Carolyn M. Bleck, Examiner, Art Unit 3626, U.S. Patent Office, Commissioner of Patents and Trademarks, Washington, D.C. 20231

By: 